



PATIENT

Dominus Rex Bey

SPECIES

Canine

BREED

Cane Corso

SEX

M

AGE

5mo

WEIGHT

62

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Dr Ray

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

Dr Ray

INVOICE

23995

DATE

02/25/2026

PRESENTING CLINICAL SIGNS

- Diarrhea started yesterday and today as well.
- Vomiting last night and today after the patient ate.
- Lethargic, falls when standing up, and walking in circles, seems confused.
- During the PE, the patient pees a lot and poops 3 times, but formed poops.
- The owner mentioned the patient had access to trach and boric acid cubes as a pesticide.
- The owner also mentioned that the patient drank the past 2 days ago water with Epson salt and Piperacillin 2 days ago.
- Abnormal PE/Chem/CBC/UA Results: elevated ALT , GGT and Neutrophilia.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was not definitively visualized potentially owing to lack of urine production or recent urination.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.7 cm in length. The right kidney measured 7.3 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was overtly normal in size, position and shape. The left adrenal gland measured 0.62 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder

The liver presented normal in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. Subjective adequate hepatic vascular volume.

The gallbladder was mildly distended in size with minor particulate non-dependent bile sediment. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach presented mild hypoechoic thickened wall. The gastric lumen was empty with mild gas.

The small intestine presented intact normal wall. Mild indistinctly visualized segmental progressively shadowing ingesta to the level of the colon.

Normal intact visible colon wall. The proximal to transverse colon contained semi formed fecal matter with empty descending colon.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Acute hepatopathy
- Minor non-organized gallbladder debris
- Overall empty gastrointestinal tract with mild gastritis pattern and segmental non-obstructive intestinal ingesta
- Semi formed fecal matter proximal to transverse colon, empty descending colon

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Acute hepatitis (viral, bacterial, leptospirosis, favored hepatotoxic insult given patient history) and non-obstructive cholestasis probable. No overt evidence of hepatovascular anomaly. Further assessment of the liver may include assuming normal clotting status FNA cytology +/- leptospirosis titer / PCR.

No evidence of gastrointestinal obstructive pattern although in conjunction with provided radiographs some degree of passing non-obstructive material in the small intestinal tract and potentially colon is suspected.

A bile acid profile may be considered to assess hepatic function or evidence of acute hepatic failure with monitoring of ALB, GLU, BUN, and CHOL levels given concurrent neurological signs.

Hospitalization with hepatogastrointestinal support, empirical therapy for nonspecific hepatitis with clinical monitoring and as needed recheck imaging recommended if evidence of progressive hepatopathy, neurological or gastrointestinal signs. Monitoring of fecal output is suggested.

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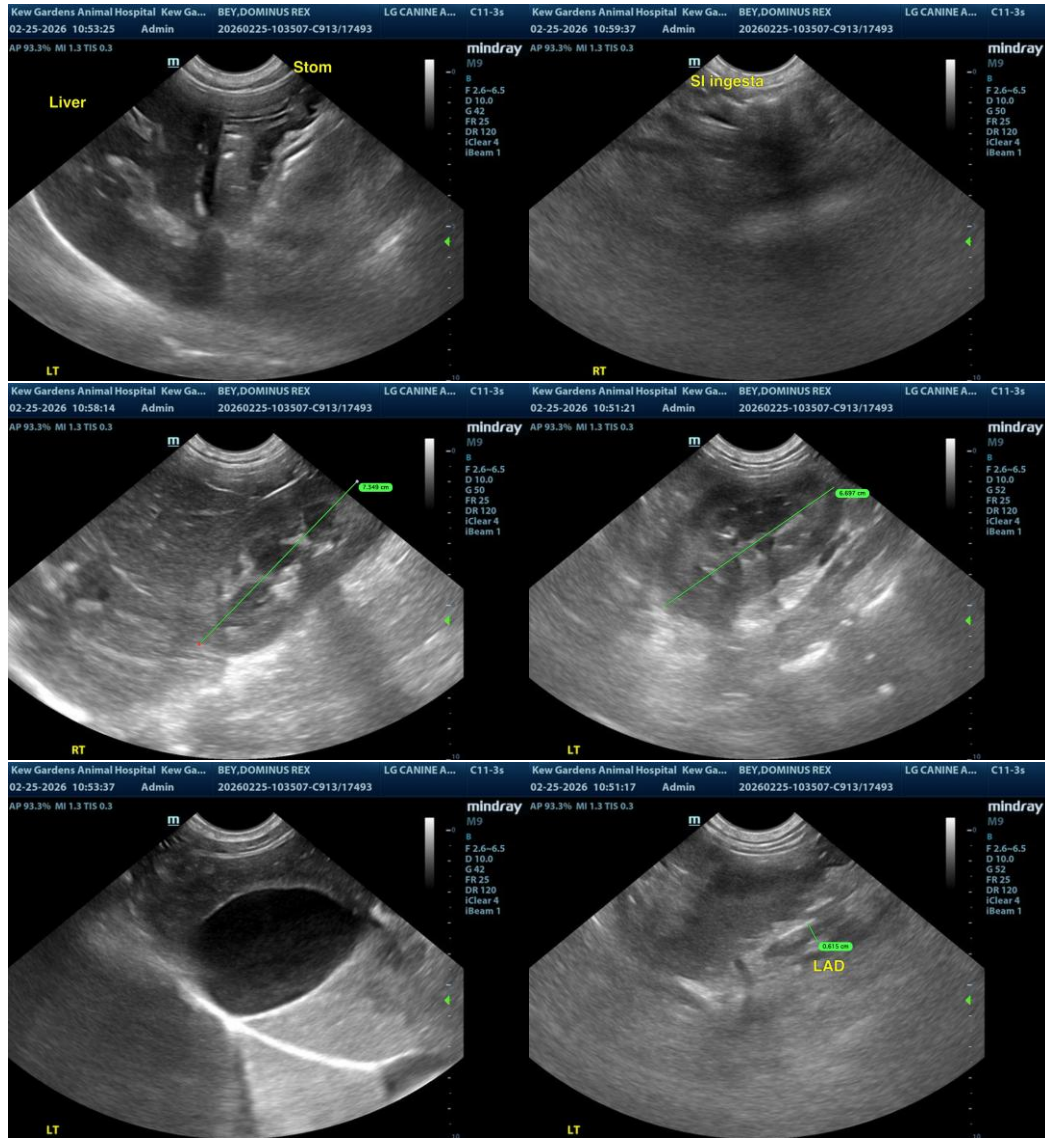
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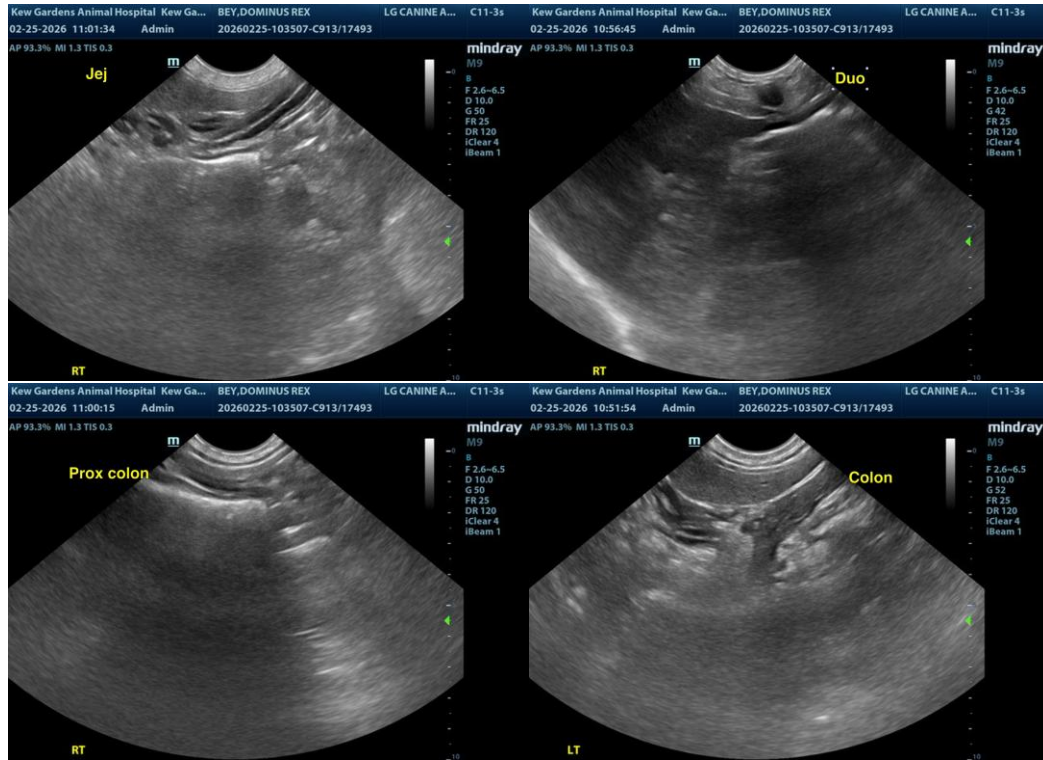
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com